Supportive Housing Program (SHP) Quarterly Report

Instructions

Client Characteristics

All organizational and contract information should be completed in the first section.

Client Count

Both quarterly (Unduplicated count) and year-to-date client counts should be given. This is a count of **CLIENTS SERVED**, and should be unduplicated, it is not a count of services provided. Counts of Clients that entered the program in the quarter and exited the program in the quarter are required.

Funding Source Amounts

Please indicate all funding (Other grants, loans, etc.) received for the year for the project being reported. Realizing that this information is subject to change, please supply the most updated data for the reported quarter.

Contract Financial Tracking

Please refer to project budget (Schedule 4 in your contract). Please report funds claimed and funds remaining in each project budget line to date.

Program Client Demographics

Data should be recorded for all persons or family units obtaining services. The total count for the Income Level and Race sections should equal the total client count in the first QR section. Income levels can be found in your City Grants Management Policies (page 10).

New Client Data

The sections titled "**Prior Living Situation**", "**Income Sources**", and "**Client Barrier Demographics**" are designed to capture information relating **ONLY TO CLIENTS THAT ENTERED THE PROGRAM DURING THE REPORTING PERIOD.** Please be sure that all data is consistent (an equal number of entries must be made in each section, and that number must equal the "**Total New Clients that Entered the Program**" line in the **Client Count** Section). The "**Income Sources**" section is looking for a count of clients using these income sources, and **NOT** a dollar figure for each source.

Exiting Client Data

The sections titled "**Length of Client Stay**", **Reasons for Client Exit**", and "**Destinations of Exiting Clients**" are designed to capture information relating **ONLY TO CLIENTS THAT EXITED THE PROGRAM DURING THE REPORTING PERIOD.** Please be sure that all data is consistent (an equal number of entries must be made in each section, and that number must equal the "**Total Clients that Left the Program**" line in the **Client Count** Section).

Supportive Services

The first section requires a count of services provided (may be duplicated as one client may receive more than one service). The second column is for a dollar figure of **SHP GRANT FUNDS** spent for each service. The third column is for a dollar figure of **PROJECT CASH MATCH** spent on each service.

Benchmarks/Outcomes

These benchmarks/outcomes are set forth in the contractual agreements (Schedule 3 for SHP Projects). **EACH** benchmark/outcome should be listed separately in this section. The "Target" section is for the specific objective outcome in each benchmark (usually a percentage or number). For benchmarks that cannot be completely measured until the end of the project, please report a number **TO DATE** to Indicate client progress toward the goal. Please use the "Narrative" section to describe or explain activities associated with each benchmark.

Program Narrative

Please report on any non-statistical information or activities associated with the project. Success stories or unforeseen problems with project implementation should be recorded in this section. **THIS SECTION IS A REQUIREMENT.**

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Date: _____

Organization: _____

Contact Person: _____

Phone Number: _____

Quarter Covered: ___First ___ Second ___ Third ___ Fourth ___ Cumulative

Project Title:_____

Purchase Order #:_____

HUD Project ID#:_____

Client Count

	Quarterly	**Year to Date**
Total New Clients that Entered the program		
Total Clients that left the Program		
Total Youth Served (If Applicable)		

Census tracts served: _____

_____

Funding Source Amounts

CDBG: $ _____	**HOPWA: $** _____	**State ESG Grant: $** _____
SuperNOFA: $ _____	**Other Federal**: $ _____	**City ESG Grant: $** _____
Private: $ _____	**Fees: $** _____	**Other: $** _____
Private: $ _____	**Fees: $** _____	**Other: $** _____
Private: $ _____	**Fees: $** _____	**Other: $** _____

Contract Financial Tracking

Contract Line Item Title	**Amount Claimed to date**	**Amount remaining**
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____

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Program Client Demographics

Please give a **TOTAL CLIENT COUNT** that fits each demographic category

Income Level	Client Count
0-30% MFI Income	
31-50% MFI Income	
51-80% MFI Income	
Above 80% MFI Income	

Special Classification	Client Count
Female Head-of-Household	
Disabled	

Race	Client Count
White	
Black/ African American	
Asian	
American Indian/ Alaskan Native	
Native Hawaiian/ Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Balance/Other	

Ethnicity	Client Count
Hispanic	

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Prior Living Situation

Please enter data only for Clients that entered the program this quarter (Refer to "Client Count" section on page 1)

Prior Living Situation	Clients Entering Program	Prior Living Situation	Clients Entering Program
Non Housing (Street, Car, Bus Station, etc)		Jail/Prison	
Emergency Shelter		Domestic Violence Situation	
Transitional Housing		Living with Relatives/Friends	
Psychiatric Facility		Rental Housing	
Substance Abuse Treatment Facility		Hospital	
Other (Specify)		Other (Specify)	
Other (Specify)		Other (Specify	

Income Sources

Please enter data only for Clients that entered the program this quarter (Refer to "Client Count" section on page 1)

Income Source	Clients Entering Program	Income Source	Clients Entering Program
SSI Payments		Veteran's Benefits	
SSDI Payments		Medicare/Medicaid Payments	
SS Payments		Food Stamps	
General Public Assistance		Unemployment Payments	
TANF Payments		Child Support Payments	
No Income		Other (Specify)	
Other (Specify)		Other (Specify	

Client Barrier Demographics

Please enter data only for Clients that entered the program this quarter (Refer to "Client Count" section on page 1)

Mental Illness		Developmental Disabilities	
Substance Abuse		Physical Disabilities	
HIV/AIDS and Related Diseases		Domestic Violence Victims	
Other (Specify)		Other (Specify)	

Length of Client Stay

Please enter data only for Clients that LEFT the program this quarter (Refer to "Client Count" section on page 1)

Average Length of Stay in the program at time of Client leaving			
Less than 1 Month		7 to 12 Months	
1 to 2 Months		13 to 24 Months	
3 to 6 Months		25 to 36 Months or Greater	

Reasons for Client Exit

Please enter data only for Clients that LEFT the program this quarter (Refer to "Client Count" section on page 1)

Reasons for Clients exiting the program this Quarter			
Completed Program		Reached Maximum Time Allowed in Program	
Non-Payment of Rent		Needs Could Not Be Met By Program	
Non-Compliance with Program Requirements		Death	
Criminal Activity/Destruction of Property/Violence		Other (Specify)	

Destinations of Exiting Clients

Please enter data only for Clients that LEFT the program this quarter (Refer to "Client Count" section on page 1)

Destinations of Clients Exiting the Program this Quarter			
Permanent Housing (Specify)		Jail/Prison	
Transitional Housing		Emergency Shelter	
Moved in with Family/Friends		Unknown	
Hospital		Other (Specify)	

Supportive Services

Indicate the number of clients receiving each service and the amount of spending this reporting period.

Service	Number of services provided	Amount of SHP Dollars spent	Amount of Cash Match spent
Outreach			
Case Management			
Life Skills			
Client Advocacy			
Client Needs Assessment			
Dental			
Nutritional Services/Meals			
Adult Day Care/Personal Assistance			
Child Care			
Alcohol and Drug Abuse Treatment			
Mental Health Treatment			
AIDS-Related Treatment			
Other Health Care			
Education			
Employment Assistance			
Legal Services			
Permanent Housing Placements			
Follow-Up			
Other Specify(_____)			
Other Specify(_____)			
Other specify(_____)			

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Contract Benchmarks/Outcomes

Please identify the benchmarks/outcomes designated in your contractual agreements, and the activities that have occurred toward their completion.

Benchmark/Outcome	Target	Achieved to date

Benchmark Narrative

Benchmark/Outcome	Target	Achieved to date

Benchmark Narrative

Benchmark/Outcome	Target	Achieved to date

Benchmark Narrative

Program Narrative

Use the narrative section to record accomplishments that are not statistical, but relate to your project (i.e. for employment, record specific type of jobs secured in placement activities).